

Case Number:	CM14-0093798		
Date Assigned:	07/25/2014	Date of Injury:	01/06/1988
Decision Date:	09/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old male with a 1/6/88 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/13/14, the patient complained of low back pain. He stated his current pain level was 6 on a scale of 1-10. He rated his pain at 5 with his current medications and 10 without medications. Objective findings: restricted ROM of cervical spine, tenderness noted at the rhomboids and trapezius, restricted ROM of lumbar spine, tenderness noted on both sides of paravertebral muscles. Diagnostic impression: lumbosacral spondylosis without myelopathy, lumbar facet arthropathy, lumbosacral disc degeneration, postlaminectomy syndrome of lumbar region, chronic pain syndrome. Treatment to date: medication management, activity modification. A UR decision dated 5/20/14 denied the request for Xartemis XR and modified the request for Nucynta ER from 60 tablets to 45 tablets for weaning purposes. Regarding Xartemis XR, sustained improvement in pain levels and sustained improvement in function have not been obtained despite long-term use of opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Xartemis XR #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Xartemis XR).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the FDA, Xartemis XR is an extended-release tablet for oral administration. Each tablet contains 7.5 mg Oxycodone Hydrochloride and 325 mg Acetaminophen. Xartemis XR is indicated for the management of acute pain severe enough to require opioid treatment and for which alternative treatment options are inadequate. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, it is documented in a progress report dated 5/14/14 that a urine drug screen was inconsistent for Oxycodone. The urine drug screen report was not provided for review. There is no documentation that the provider has addressed this issue. Therefore, the request for Xartemis XR, #60 was not medically necessary.

Nucynta ER 250 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-FDA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Nucynta.

Decision rationale: CA MTUS does not address this issue. Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation that the patient cannot tolerate a first-line opioid medication. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. According to a progress report dated 4/14/14, Nucynta ER 250 mg was discontinued. It is unclear why the provider is requesting this medication at this time. Therefore, the request for Nucynta ER 250 mg #60 was not medically necessary.

